

CSD 1100 [09/26/06]

Name, Address, Telephone No. &amp; I.D. No.

Diane H. Gibson, Esq. (SBN 126358)  
 2755 Jefferson St., Ste. 203  
 Carlsbad, CA 92008  
 760-720-0080  
 dgibsonlaw@gmail.com

**UNITED STATES BANKRUPTCY COURT**  
 SOUTHERN DISTRICT OF CALIFORNIA  
 325 West "F" Street, San Diego, California 92101-6991

In Re

HENSEL, Donald D.

BANKRUPTCY NO. 09-14284

Debtor.

**AMENDMENT**

Presented herewith are the original and one conformed copy of the following [Check one or more boxes as appropriate]:

- ☐ Petition  
☐ Exhibit A to Voluntary Petition  
☐ Exhibit C to Voluntary Petition  
☐ Exhibit D - Individual Statement of Compliance with Credit Counseling  
☒ Summary of Schedules  
☒ Statistical Summary of Certain Liabilities and Related Data  
☐ Schedule A & B - Schedule of Real or Personal Property  
☐ Schedule C - Schedule of Property Claimed Exempt  
☒ Schedule D, E, or F, and/or Matrix, and/or list of Creditors or Equity Holders - **REQUIRES COMPLIANCE WITH LOCAL RULE 1009**  
☒ Adding or deleting creditors (diskette required), changing amounts owed or classification of debt - \$26.00 fee required. See instructions on reverse side.  
☐ Correcting or deleting other information. See instructions on reverse side.  
☐ Schedule G - Schedule of Executory Contracts & Expired Leases  
☐ Schedule H - Schedule of Co-Debtor  
☐ Schedule I - Current Income of Individual Debtor(s)  
☐ Schedule J - Current Expenditure of Individual Debtor(s)  
☐ Statement of Financial Affairs  
☐ Statement of Current Monthly Income and Means Test Calculation (Form B22A)  
☐ Statement of Current Monthly Income (Form B22B)  
☐ Statement of Current Monthly Income and Calculation of Commitment Period and Disposable Income (Form B22C)

Dated: 10-21-09

Signature

Attorney for Debtor

**DECLARATION OF DEBTOR**

I [We] DONALD D. HENSEL and N/A, the undersigned debtor(s), hereby declare under penalty of perjury that the information set forth in the amendment attached hereto, consisting of \_\_\_\_\_ pages, and on the creditor matrix diskette, if any, is true and correct to the best of my [our] information and belief.

Dated: 10/20/09

Debtor

N/A

Joint Debtor

CSD 1100

REFER TO INSTRUCTIONS ON REVERSE SIDE

INSTRUCTIONS

- A. Each amended page is to be in the same form as the original but is to contain ONLY THE INFORMATION TO BE CHANGED OR ADDED. Pages from the original document which are not affected by the change are not to be attached.
1. Before each entry, specify the purpose of the amendment by inserting:
- a. "ADDED," if the information was missing from the previous document filed; or
  - b. "CORRECTED," if the information modifies previously listed information; or
  - c. "DELETED," if previously listed information is to be removed.
2. At the bottom of each page, insert the word "AMENDED."
3. Attach all pages to the cover page and, *if a Chapter 7, 11, or 12 case*, serve a copy on the United States Trustee, trustee (if any) and/or the members of a creditors' committee. *If a Chapter 13 case*, serve a copy on the trustee; DO NOT serve a copy on the United States Trustee.
- B. Comply with Local Bankruptcy Rule 1009 when adding or correcting the names and/or addresses of creditors (diskette required when Amendment submitted on paper) or if altering the status or amount of a claim.

**AMENDMENTS THAT FAIL TO FOLLOW THESE INSTRUCTIONS MAY BE REFUSED**  
**\*\* AMENDMENTS FILED AFTER THE CASE IS CLOSED ARE NOT ENTITLED TO A REFUND OF FEES \*\***

CERTIFICATE OF SERVICE

I, the undersigned whose address appears below, certify:

That I am, and at all times hereinafter mentioned was, more than 18 years of age;

That on 21<sup>st</sup> day of October, I served a true copy of the within AMENDMENT by [describe here mode of service]

on the following persons [set forth name and address of each person served] and/or as checked below:

[☒] Chpt. 7 Trustee:

Gerald Davis, Esq.  
P.O. Box 121111  
San Diego, CA 92112

Kathy Katayoon Ahmadian  
Trustee of the Mask Trust  
c/o W. Michael Young, Esq.  
Ladd & Young  
5151 Murphy Canyon Rd., Ste. 130  
San Diego, CA 92123-4339

American Express  
P.O. Box 0001  
Los Angeles, CA 90096

UNION BANK, N.A.  
Michael Sabo Assayag, Esq.  
Regis A. Guerin, Esq.  
ASSAYAG & MAUSS, APLC  
2915 Redhill Ave., Ste. 200  
Costa Mesa, CA 92626

New York Life Visa  
P.O. Box 94014  
Palatine, IL 60094

Mid-Century Insurance Company  
Farmers Insurance  
23175 NW Bennett St.  
Hillsboro, OR 97124


[☒] For Chpt. 7, 11, & 12 cases:  
UNITED STATES TRUSTEE  
Department of Justice  
402 West Broadway, Suite 600  
San Diego, CA 92101

[ ] For ODD numbered Chapter 13 cases:  
THOMAS H. BILLINGSLEA, JR., TRUSTEE  
530 "B" Street, Suite. 1500  
San Diego, CA 92101

[ ] For EVEN numbered Chapter 13 cases:  
DAVID L. SKELTON, TRUSTEE  
525 "B" Street, Suite 1430  
San Diego, CA 92101-4507

I certify under penalty of perjury that the foregoing is true and correct.

Executed on 10/21/09  
(Date)

Cathleen Ford   
(Typed Name and Signature)

2755 Jefferson St., Ste. 203  
(Address)

Carlsbad, CA 92008  
(City, State, ZIP Code)



United States Bankruptcy Court  
Southern District of California

IN RE:

Case No. 09-14284-7

Hensel, Donald D.

Chapter 7

Debtor(s)

AMENDED SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 2,203,333.00		
B - Personal Property	Yes	3	\$ 915,724.16		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 2,193,900.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 63,500.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	22		\$ 6,061,402.94	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	11			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 6,501.33
J - Current Expenditures of Individual Debtor(s)	Yes	2			\$ 8,634.93
TOTAL		46	\$ 3,119,057.16	\$ 8,318,802.94	

United States Bankruptcy Court  
Southern District of California

IN RE:

Case No. 09-14284-7

Hensel, Donald D.

Debtor(s)

Chapter 7

AMENDED STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☒ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
TOTAL	\$

State the following:

Average Income (from Schedule I, Line 16)	\$
Average Expenses (from Schedule J, Line 18)	\$
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$
4. Total from Schedule F		\$
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$



IN RE Hensel, Donald D.

Debtor(s)

Case No. 09-14284-7

(If known)

**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2001</b> <b>American Express</b> <b>P.O. Box 0001</b> <b>Los Angeles, CA 90096</b>		<b>2009</b> <b>Revolving charge account</b> <b>Hensel Financial, Inc.</b>				<b>778.29</b>
ACCOUNT NO. <b>9797</b> <b>Mid-Century Insurance Company</b> <b>Farmers Insurance</b> <b>23175 NW Bennett St.</b> <b>Hillsboro, OR 97124</b>		<b>2009</b> <b>Cancelled homeowner's policy</b>			<b>X</b>	<b>115.46</b>
ACCOUNT NO. <b>0082</b> <b>New York Life Visa</b> <b>P.O. Box 94014</b> <b>Palatine, IL 60094</b>		<b>2009</b> <b>Revolving charge account</b>				<b>40.00</b>
ACCOUNT NO.						

\_\_\_\_\_ continuation sheets attached

Subtotal (Total of this page)	\$ <b>933.75</b>
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ <b>933.75</b>

United States Bankruptcy Court  
Southern District of California

**IN RE:**

HENSEL, Donald D.


Case No. 09-14284

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX****PART I (check and complete one):**☐ New petition filed. Creditor diskette required.TOTAL NO. OF CREDITORS: 3☐ Conversion filed on \_\_\_\_\_. *See instructions on reverse side.*☐ Former Chapter 13 converting. Creditor diskette required.

TOTAL NO. OF CREDITORS: \_\_\_\_\_

☐ Post-petition creditors added. Scannable matrix required.☐ There are no post-petition creditors. No matrix required.☒ Amendment or Balance of Schedules filed concurrently with this original scannable matrix affecting Schedule of Debts and/or Schedule of Equity Security Holders. *See instructions on reverse side.*☒ Name and addresses are being ADDED.☐ Name and addresses are being DELETED.☐ Name and addresses are being CORRECTED.**PART II (check one)**☐ The above-name Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my (our) knowledge.☐ The above-name Debtor(s) hereby verifies that there are no post-petition creditors affected by the filing of the conversion of this case and that the filing of a matrix is not required.Date: 10/22/09

Debtor

Joint Debtor

American Express  
P.O. Box 0001  
Los Angeles, CA 90096

Mid-Century Insurance Company  
Farmers Insurance  
23175 NW Bennett St.  
Hillsboro, OR 97124

New York Life Visa  
P.O. Box 94014  
Palatine, IL 60094